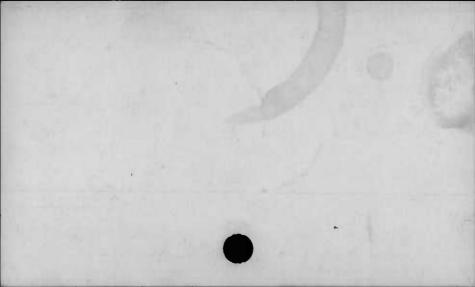
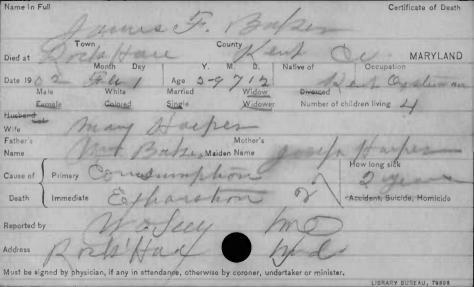
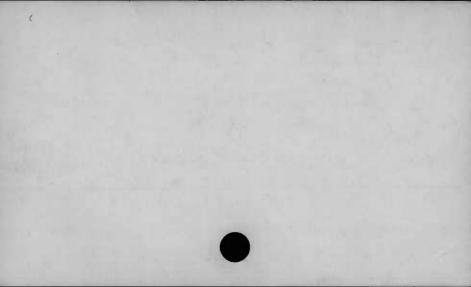
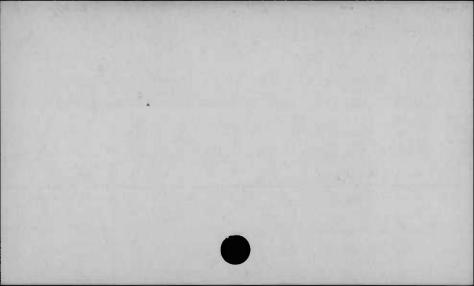
Name in Full Certificate of Death Native of Occupation Date 1902 Married Widow Number of children living Wife Father's Cause of Accident, Suicide, Homicide I. n.Wills 7. D. Kent Com. do Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 79898







Name in Full Certificate of Death Town MARYLAND Died at Occupation Date 196 1 Male Divorced Husband Wife Father's Mother's Maiden Name Name How long sick Cause of Accident, Suicide, Homicide Death Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full Certificate of Death County Native of Date 1962 Divorced ? Colored Number of children living Husband Father's Name Death Kerst Lailure Accident Suicide Hamicide Address Must be signed by physician, if any In attendance, otherwise by coroner, undertaker or minister. PROLEY BUTTAL TARLE

Minion

Name In Full Hilbret Bound Textre Crace Date 19 12 . Male With yer Number of children living Colored Single Husband Wife

Father's "Surp Point Defer Crass Name Louise Point Depter

Cause of Primary Pulmonary Phethicis. Accident, Suicide, Homicide

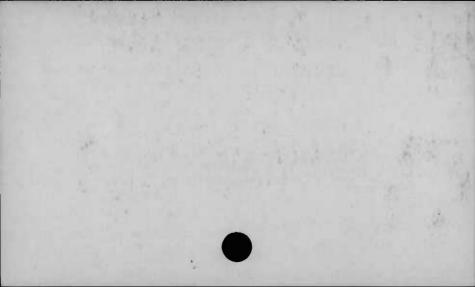
Reported by

Address

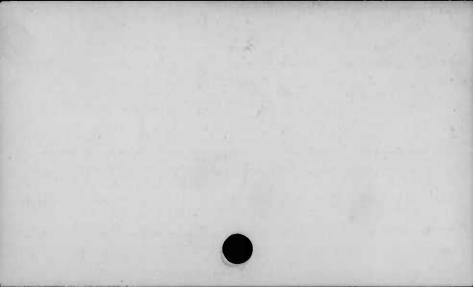
Krunn will Krut Lee, Mild. Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 79898

John W. adans Burry at stillponk

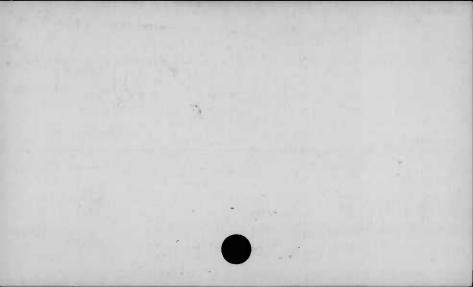
Name in Full Certificate of Death abraham Enis Died at Codewille MARYLAND Date 1902 Female Single Widows Number of children living Husband of Wife Father's Isaac Kale Maiden Name Mary 1 Name Primary Brights obiscom myreaditis Accident, Suicide, Homicide I Milliam Kent Comp L. adurilles Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 79898



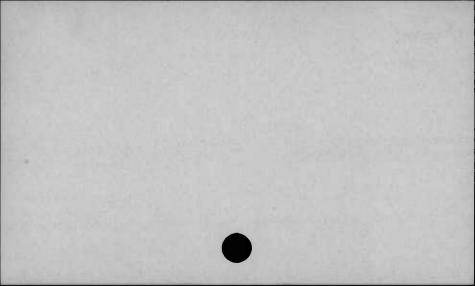
Name In Full Certificate of Death County deul MARYLAND Native of Date N Widow -Widower Number of children living Female Colored Single Husband Wife Name Cause of Death Reported by Address Must be signed by physician, if any in ettendance, otherwise by coroner, undertaker or minister.



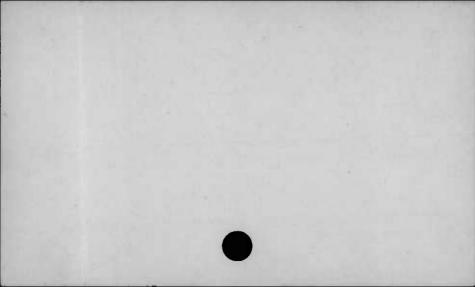
Name In Full Certificate of Death Fruit Gleun Houns Male Single Widower Number of children living Husband Wife Father's Accident, Suicide, Homicide Death Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



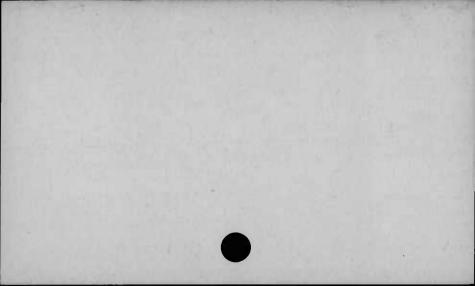
Name in Full Certificate of Death Died at MARYLAND Occupation Native of Date 19 0 7 White Married Female Colored Single Widewer Number of children living Husband Wife Father's Cause of Accident, Suicide, Homicide Death Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



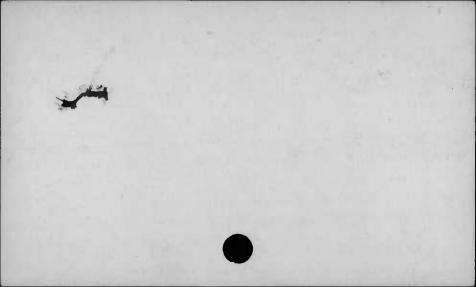
Name in Full Certificate of Death MARYLAND Occupation Colosed Number of children living Widower Husband Wife Jarrell Maiden Name Florence Ga Father's Name Cause of Primary Immediate Accident, Suicide, Homicide Death Reported by Crimpton med Address Must be signed by physician, if any In attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU. 79898



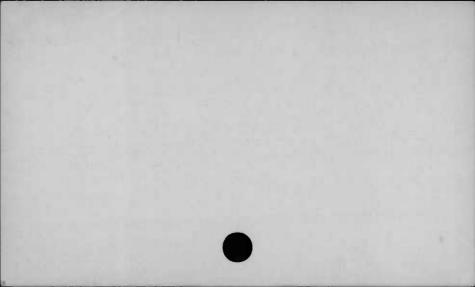
Name in Full Certificate of Death MARYLAND Native of Occupation Date 19 41 Married Diwarcad Female Balared Single Number of children living Widower-Husband Wife Father's Name Cause of Death Immediate Accident, Suicide, Homicide Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. TERARY BUREAU, 79898



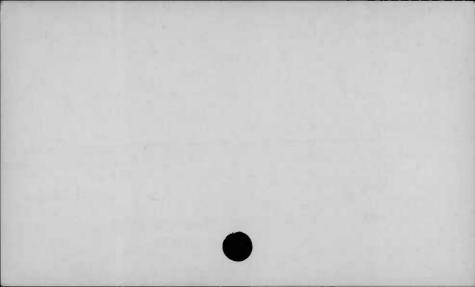
Name in Full Certificate of Death Mary Emely Leary Town Hall County Died at Rock Hall Kent Kiset MARYLAND Occupation Date 1902 White Widow Single Widower Number of children living Calaced Husband of Wife Topfing Stephens Maiden Name Encle Brown
Primary Broncho Premovina Howlong sick Father's 6 days Immediate Ho each failure . (1) Accident, Suicide, Horniolde Reported by LA Wallesse Hut Com.d. Codewille-Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 79898



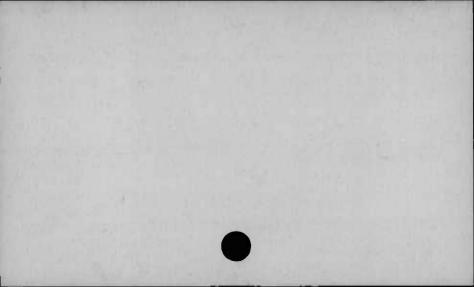
Name in Full Certificate of Death Lilly Lindson Died at Near Chestertown Occupation Colored Husband Wife Father's Name Primary acute Indigistion 24 hours Immediate will Convulsiones A. L. Dodd m. D. lehestertown Rent leve meds Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 79895



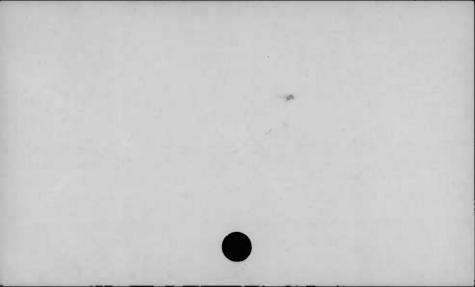
Name in Full Certificate of Death MARYLAND Died at Native of Occupation Date 190 2 Age Male Married Number of spildren living Colored Husband Wife Mother's Father's Cause of Death Immediate Acaidast Suicida Hamicida Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 79898



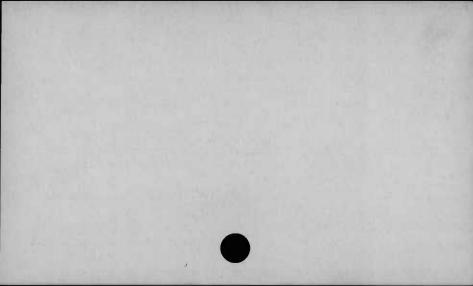
Name in Full Certificate of Death. Penna Housewell Date 19 63 Married Number of children living 5 Female Single Father's Name How long sick Death Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAL, 79848



Name in Full Carrie Clisateth Thompson Chestistoine County Keat MARYLAND Feb 12 Age - 10 5 Kent Number of children Heing Colored Single - Widower Husband of Wife Name Jas Thornfason Maiden Name Mary L. Hamilton Death Immediate Patent former Ovale, Accordant Reported by St. T. Simpero M. W. Address Chestestonn Kent Go Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full Certificate of Death MARYLAND Occupation Date 1902 Age Married Divorced Number of children living Colored Single Widower Husband Wife Father's Name How long s Primary Cause of Death Immediate Accident, Sulcide, Homicide Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 79895



Name in Full	. mads		Filson		Certificate of Death
Died at Wear Co	S. Maas Leman	Co	Junty Cent G		MARYLAND
	Month Day	Age Y.		lative of	Occupation
Mate Female	White Colored	Married Single	Widow Widower	Divorced Number of	children living
Husband of —					
Father's Alexan	der Will	Lose Maide	Mother's	mie	1/ //
Cause of Primary	eren	erram	. 06		ove week.
Death Immediate		0.1	0/3	5	Accident, Suicide, Hamicide
Reported by Wm. S. Wontwell.					
Address Still Purch.				Mo	
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.					

